

Vericrest Financial, Inc.,f/k/a The CIT  
Group/Sales Financing, Inc.  
715 S Metropolitan Ave  
Oklahoma City OK 73108



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TEMP - RETURN SERVICE REQUESTED

KRISTIN SAMPLE  
PO BOX 189  
MAPLEWOOD NJ 07040



IMPORTANT PRIVACY CHOICES FOR CONSUMERS

You have the right to control whether Vericrest Financial, Inc., formerly known as The CIT Group/Sales Financing, Inc., and successor in interest to The CIT Group/Consumer Finance, Inc.(“we” or “our”), shares some of your personal information. Please read the following information carefully before you make your choices below.

Your Rights

You have the following rights to restrict the sharing of personal and financial information with our affiliates (companies we own or control) and outside companies that we do business with. Nothing in this form prohibits the sharing of information necessary for us to follow the law, as permitted by law, or to give you the best service on your accounts with us. This includes sending you information about some other products or services.

Your Choices

Restrict Information Sharing With Companies We Own or Control (Affiliates): Unless you say “No,” we may share personal and financial information about you with our affiliated companies.

( ) NO, please do not share personal and financial information with your affiliated companies.

Restrict Information Sharing With Other Companies We Do Business With To Provide Financial Products And Services: Unless you say “No,” we may share personal and financial information about you with outside companies we contract with to provide financial products and services to you.

( ) NO, please do not share personal and financial information with outside companies you contract with to provide financial products and services.

Time Sensitive Reply

You may make your privacy choice(s) at any time. Your choice(s) marked here will remain unless you state otherwise. However, if we do not hear from you we may share some of your information with affiliated companies and other companies with whom we have contracts to provide products and services.

Name: \_\_\_\_\_

Account or Policy Number(s): \_\_\_\_\_

Signature: \_\_\_\_\_

- To exercise your choices do one of the following:  
(1) Fill out, sign and send back this form to us using the envelope provided (you may want to make a copy for your records);  
(2) Call this toll-free number: (800) 401-6587; or  
(3) Fill out, sign and send back this form to us using this toll-free fax number: (877) 533-1043.

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